## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AS FILED AFTER 1" AMENDMENT AFTER 2 MAMENDMENT AS FILED AFTER 1"AMENDMENT IND. DEP. IND: 2 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. • 52 . `. - 31 91. TOTAL IND. TOTAL IND. TOTAL DEP TOTAL DEP. TOTAL No.

TOTAL

CLAIMS